

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006850

1. Entity Name

FLYFISHING CAMPFIRE, INC.

FILED
Sep 02, 2002 8:00 am
Secretary of State

02-25-2002 90061 027 ****61.25

09-02-2002 90143 011 ****61.25

Principal Place of Business

445 NORTHEAST 8TH AVENUE
 Ocala FL 34470

Mailing Address

445 NORTHEAST 8TH AVENUE
 Ocala FL 34470

2. Principal Place of Business

1871 NE 40th COURT
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 2502
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Ocala, FL

Zip
 34470

Country
 MARION

City & State
 Ocala, FL

Zip
 34478

Country
 MARION

4. FEI Number
 59-3632329

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIECHENS, EUGENE A
 445 NORTHEAST 8TH AVENUE
 Ocala FL 34470

7. Name and Address of New Registered Agent

Name Raymond H Wood
 Street Address (P.O. Box Number is Not Acceptable)
1871 NE 40th COURT
 City Ocala FL Zip Code 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Raymond H Wood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

26 Aug 02

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARPENTER, CHRIS 4 HEMLOCK RADIAL Ocala FL 34472	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD, WUTTER, DAVID 10575 NW 76 TERR Ocala FL 34482	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KRAUSE, DOUGLAS C 450 SW 98TH LANE Ocala FL 34476	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDLIN, DOUG 1125 SW 43RD TERRACE Ocala FL 34471	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raymond H Wood

26 Aug 02

352-236-3434

CR2E037 (4/02)